

FCCLA PROJECT REPORT FORM

Chapter Name _____

Number of Members _____

Person Submitting Report _____

Phone Number _____

Check the project(s) for which this report is being submitted. (More than one project may be checked.)

- _____ Career Connection
- _____ Community Service
- _____ FACTS
- _____ Families First
- _____ Financial Fitness
- _____ Power of One
- _____ STAR Events
- _____ STOP the Violence
- _____ Student Body
- _____ Dynamic Leadership

Description of activity.

Impact on the community (may use actual quotes from community members).

Key organizations with which you worked (partners in project).

Fill in the following information that applies to your project/activity.

Number of people reached _____

Number of items collected _____

Number of volunteer hours to community _____ Amount of dollars raised _____
(Volunteer hours are service given without pay. These hours are for each person involved; i.e. 25 members x 6 hours each = 150 volunteer hours.)

Reports are due at the end of each semester. Duplicate report form for each activity and submit to Julie Bell, 239 NFA, SDSU, Box 2275A, Brookings, SD 57007 or fax 605-688-4888.